

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-032		
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare		
SERVICE CAPTION :	Managed Care organization which provides medically necessary health care services to the TennCare/Medicaid Population		
CONTRACT #	FA-02-14863-00	PROPOSED AMENDMENT #	6
CONTRACTOR :	Preferred Health Plan		
CONTRACT START DATE :	07/01/2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2005		
CURRENT MAXIMUM LIABILITY :	\$978,120,903.17		
LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT : (including ALL options to extend)	12/31/2006		
TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT : (including ALL options to extend)	\$1,284,647,527.67		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
Extends the term of current contract as well as provide funding for term extension.			
(2) explanation of need for the proposed amendment :			

We believe that it is in the best interests of the State to maintain this relationship to ensure the stability of the TennCare Program and prevent the disruption of services to TennCare enrollees.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

Preferred Health Partnership of Tennessee, Inc.
1420 Centerpoint Blvd.
Knoxville, TN 37932

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This contract is not a result of non-competitive negotiations. MCO contracts have been offered to any organization that has expressed interest, demonstrated specific qualifications outlined in the Agreements, and willingly accepted the terms of the Agreements. There are currently 6 different organizations that have MCO Contracts.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The approval of this amendment by F&A will ensure the best interests of TennCare enrollees will be served. Based on the network of providers that provider currently has, TennCare is confident that the continuation of this agreement will prevent any disruption of services to enrollees.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)

SIGNATURE DATE:

AMENDMENT NUMBER 6

AMENDED AND RESTATED CONTRACTOR RISK AGREEMENT
BETWEEN
THE STATE OF TENNESSEE,
d.b.a. TENNCARE
AND
PREFERRED HEALTH PARTNERSHIP OF TENNESSEE, INC.,
d.b.a. PHP TENNCARE

CONTRACT NUMBER: FA-02-14863-00

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Amended and Restated Contractor Risk Agreement (CRA) by and between the State of Tennessee TennCare Bureau, hereinafter referred to as TENNCARE, and Contractor Name, hereinafter referred to as the CONTRACTOR as specified below.

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 4-28 shall be deleted and replaced in its entirety so that the amended Section 4-28 shall read as follows:

4-28. Term of the Agreement

This Agreement and its incorporated attachments, if any, as well as all Amendments to this Agreement, contain all of the terms and conditions agreed upon by the parties, and when executed by all parties, supersedes any prior agreements except as stated in Section 1-7. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall be in effect from July 1, 2001, subject to approval by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The term of this Agreement shall expire on December 31, 2005. Notwithstanding any provision herein to the contrary, this Agreement shall automatically renew for calendar year 2006 with an expiration date of December 31, 2006 unless the CONTRACTOR or the State complies with Section 4-2.(f) regarding non-renewal or unless the State approves termination of the Agreement in accordance herewith. Said renewal shall be automatic and shall not require any notice or other action.

Notwithstanding any provision herein to the contrary, the State may terminate this Agreement if the waiver governing TennCare is terminated. The documents referenced in the Agreement are on file with the CONTRACTOR and with TENNCARE and the CONTRACTOR is aware of their content. No other agreement, oral or otherwise regarding the subject matter of this Agreement, shall be deemed to exist or to bind any of the parties hereto.

2. The September 11, 1995 Amended and Restated Contractor Risk Agreement, as amended, shall be amended by deleting and replacing the date "December 31, 2004" with "December 31, 2005" in all references regarding the Stabilization Period ending December 31, 2004. This shall include, but not be limited to Sections 1-3, 3-10.h and Attachment X.D.

Amendment 6 (cont.)

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective January 1, 2005 or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

STATE OF TENNESSEE
DEPARTMENT OF FINANCE
AND ADMINISTRATION

BY: _____

M. D. Goetz, Jr.
M. D. Goetz, Jr.
Commissioner

DATE: _____

12/10/2004

APPROVED BY:

STATE OF TENNESSEE
DEPARTMENT OF FINANCE
AND ADMINISTRATION

BY: _____

M. D. Goetz, Jr.
M. D. Goetz, Jr.
Commissioner

DATE: _____

PREFERRED HEALTH PARTNERSHIP
OF TENNESSEE, INC.

BY: _____

Lance K. Hunsinger
Lance K. Hunsinger
President and CEO

DATE: _____

November 23, 2004

APPROVED BY:

STATE OF TENNESSEE
COMPTROLLER OF THE TREASURY

BY: _____

John G. Morgan
John G. Morgan
Comptroller

DATE: _____

318.66-032

Department of Finance and Administration

FA-02-14863-06

Bureau of TennCare

PREFERRED HEALTH PLAN

☐ V-
☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001

12/31/2006

318.66

419

134

11

☐ STARS

2002	\$ 78,953,471.00	\$ 138,414,473.00		\$	217,367,944.00
2003	\$ 64,946,700.00	\$ 111,774,800.00		\$	176,721,500.00
2004	\$ 83,013,699.12	\$ 150,598,884.55		\$	233,612,583.67
2005	\$ 97,326,850.00	\$ 165,451,350.00		\$	262,778,200.00
2006	\$ 97,326,850.00	\$ 165,451,350.00		\$	262,778,200.00
2007	\$ 46,370,500.00	\$ 85,018,600.00		\$	131,389,100.00
	\$467,938,070.12	\$ 818,709,457.55		\$	1,284,647,527.67

93.778

Scott Pierce
 729 Church Street
 Nashville, TN
 (615)532-1362

Scott Pierce



Pursuant to T.C.A., Section 8-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

	12/31/2005	12/31/2006
FY: 02	\$217,367,944.00	
FY: 03	\$176,721,500.00	
FY: 04	\$233,612,583.67	
FY: 05	\$233,612,583.67	\$29,165,616.33
FY: 06	\$116,806,291.83	\$145,971,908.17
FY: 07		\$131,389,100.00
	\$978,120,903.17	\$306,526,624.50

CONTRACT SUMMARY SHEET

RF# Number	318.66-032	Contract Number	FA-02-14863-05
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	

PREFERRED HEALTH PLAN	<input type="checkbox"/> V- <input type="checkbox"/> C-
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Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
7/1/2001	12/31/2005

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	419	134	11	<input type="checkbox"/> STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2002	\$ 78,953,471.00	\$ 138,414,473.00			\$ 217,367,944.00
2003	\$ 64,946,700.00	\$ 111,774,800.00			\$ 176,721,500.00
2004	\$ 83,013,699.12	\$ 150,598,884.55			\$ 233,612,583.67
2005	\$ 83,013,699.12	\$ 150,598,884.55			\$ 233,612,583.67
2006	\$ 41,506,849.56	\$ 75,299,442.28			\$ 116,806,291.83
Total	\$351,434,418.79	\$ 626,686,484.38			\$ 978,120,903.17

CFDA#	93.778	Check the box ONLY if the answer is YES
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State Fiscal Contract	Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: Dean Daniel Address: 729 Church Street Nashville, TN Phone: (615)532-1362	Is the Contractor a Vendor? (per OMB A-133)
Procuring Agency Budget Officer Approval Signature	Is the Fiscal Year Funding LIMITED?
Dean Daniel <i>Dean Daniel</i> 6/22/04	Is the Contractor on STARS?
	Is the Contractor's FORM 9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS ONLY			Funding Certification
Base Contract / Amendment	12/31/2005	THIS Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
FY: 02			
FY: 03			
FY: 04			
FY: 05			
FY: 06			
Total	\$0.00	\$0.00	

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 2004 JUN 25 AM 10:23
 COMPTROLLER'S OFFICE
 OFFICE OF
 MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET									
RF# Number		318.66-032			Contract Number		FA-02-14863-04		
State Agency		Department of Finance and Administration			Division		Bureau of TennCare		
Contractor					Contract Identification Number				
PREFERRED HEALTH PLAN					<input type="checkbox"/> V- <input type="checkbox"/> C-				
Service Description									
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population									
Contract Start Date					Contract End Date				
7/1/2001					12/31/2005				
Item Number	Quantity	Unit Cost	Price	Unit	Star	Rate Code	Subitem Code		
318.66	419	134	11		<input type="checkbox"/> STARS				
	Star Rate	Star Rate	Star Rate	Star Rate	Star Rate	Star Rate	Star Rate		
2002	\$ 78,953,471.00	\$ 138,414,473.00				\$	217,367,944.00		
2003	\$ 64,946,700.00	\$ 111,774,800.00				\$	176,721,500.00		
2004	\$ 83,013,699.12	\$ 150,598,884.55				\$	233,612,583.67		
2005	\$ 83,013,699.12	\$ 150,598,884.55				\$	233,612,583.67		
2006	\$ 41,506,849.56	\$ 75,299,442.28				\$	116,806,291.83		
Total	\$351,434,418.79	\$ 626,686,484.38				\$	978,120,903.17		
93.778									
State Fiscal Contract					State Fiscal Contract				
Name					Name				
Address					Address				
Phone					Phone				
Dean Daniel					Dean Daniel				
729 Church Street					729 Church Street				
Nashville, TN					Nashville, TN				
(615)532-1362					(615)532-1362				
Procurement Agency/Budget Officer Approval Signature					Procurement Agency/Budget Officer Approval Signature				
Dean Daniel					Dean Daniel				
12/23/03					12/23/03				
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr.,					Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr.,				
Commissioner of Finance and Administration, do hereby certify that					Commissioner of Finance and Administration, do hereby certify that				
there is a balance in the appropriation from which this obligation is					there is a balance in the appropriation from which this obligation is				
required to be paid that is not otherwise encumbered to pay					required to be paid that is not otherwise encumbered to pay				
obligations previously incurred.					obligations previously incurred.				
FY: 02					FY: 02				
\$217,367,944.00					\$217,367,944.00				
FY: 03					FY: 03				
\$176,721,500.00					\$176,721,500.00				
FY: 04					FY: 04				
\$233,612,583.67					\$233,612,583.67				
FY: 05					FY: 05				
\$233,612,583.67					\$233,612,583.67				
FY: 06					FY: 06				
\$116,806,291.83					\$116,806,291.83				
Total					Total				
\$978,120,903.17					\$978,120,903.17				

[illegible]

CONTRACT SUMMARY SHEET

Contract Number	318-66-032	Contract Number	FA-02-14863-03
State Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor	Contract Identification Number		

PREFERRED HEALTH PLAN	<input type="checkbox"/> V- <input type="checkbox"/> C-
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Service Description
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	7/1/2001	Contract End Date	12/31/2005
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Amount	Cost	Capex	Fund	Start	Grant Code	Subcontract
318.66	419	134	11	<input type="checkbox"/> STARS		
FY	State Fund	Federal Funds	Interdepartmental	Contract Funding	Total Contract Amount including All Amendments	
2002	\$ 78,953,471.00	\$ 138,414,473.00			\$	217,367,944.00
2003	\$ 64,946,700.00	\$ 111,774,800.00			\$	176,721,500.00
2004	\$ 83,013,699.12	\$ 150,598,884.55			\$	233,612,583.67
2005	\$ 83,013,699.12	\$ 150,598,884.55			\$	233,612,583.67
2006	\$ 41,506,849.56	\$ 75,299,442.28			\$	116,806,291.83
Total	\$ 351,434,418.79	\$ 626,686,484.38			\$	978,120,903.17

Contract ID: 93.778 State Fiscal Contract: Contract Manager: Dean Daniel 729 Church Street Nashville, TN (615)532-1362 Contracting Agency Budget Officer Approval Signature: Dean Daniel <i>Dean Daniel</i> 6/30/03	Case History ONLY (Means YES) Subcontractor: Subcontractor Name Subcontractor: Vendor Name Subcontractor: Contract Number Subcontractor: Contract Amount Subcontractor: Contract Start Date Subcontractor: Contract End Date Subcontractor: Contract Description
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COMMITTEE FOR ALL AMENDMENTS (C.A.A.)			Remaining Obligation	
FY	Base Contract	Amendments	Base Contract	Amendments
		12/31/2005		
FY: 02	\$217,367,944.00		\$0.00	
FY: 03	\$176,721,500.00		\$0.00	
FY: 04	\$176,721,500.00		\$56,891,083.67	
FY: 05	\$176,721,500.00		\$56,891,083.67	
FY: 06	\$88,360,750.00		\$28,445,541.83	
Total	\$835,893,194.00		\$142,227,709.17	

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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JUN 30 2003

Office of Contracts Review

CONTRACT SUMMARY SHEET

Contract Number		Contract Number	FA-02-14863-02
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contract Identification Number	
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PREFERRED HEALTH PLAN	<input type="checkbox"/> V- <input type="checkbox"/> C-
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Service Description	
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Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population	
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Contract Begin Date	7/1/01	Contract End Date	12/31/05
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Allocation Codes	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	419	134	11	<input type="checkbox"/> STARS		

FY	State Funds	Federal Funds	Medicaid/Federal Funds	Other Funding	Total Available Amount including All Amendments
2002	\$ 78,953,471.00	\$ 138,414,473.00			\$ 217,367,944.00
2003	\$ 64,946,700.00	\$ 111,774,800.00			\$ 176,721,500.00
2004	\$ 64,946,700.00	\$ 111,774,800.00			\$ 176,721,500.00
2005	\$ 64,946,700.00	\$ 111,774,800.00			\$ 176,721,500.00
2006	\$ 32,473,350.00	\$ 55,887,400.00			\$ 88,360,750.00
Total	\$ 306,266,921.00	\$ 529,626,273.00			\$ 835,893,194.00

State Fiscal Contract	
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Dean Daniel 729 Church Street Nashville, TN (615)532-1362	
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Dean Daniel	<i>Dean Daniel</i> 7/1/02
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COMPLETION FOR ALL AMENDMENTS ONLY		
FY	State Funds	Federal Funds
FY: 02		
FY: 03		
FY: 04		
FY: 05		
FY: 06		
Total	\$0.00	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

Contract Number	FA-02-14863-01
State Agency	Department of Finance and Administration
Division	Bureau of TennCare

Contractor	Contract Identification Number
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REFERRED HEALTH PLAN	<input type="checkbox"/> V- <input type="checkbox"/> C-
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Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
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1/1/01 12/31/05

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	419	134	11	<input type="checkbox"/> STARS		

Year	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including all amendments)
2002	\$ 78,953,471.00	\$ 138,414,473.00			\$ 217,367,944.00
2003	\$ 64,946,700.00	\$ 111,774,800.00			\$ 176,721,500.00
2004	\$ 64,946,700.00	\$ 111,774,800.00			\$ 176,721,500.00
2005	\$ 64,946,700.00	\$ 111,774,800.00			\$ 176,721,500.00
2006	\$ 32,473,350.00	\$ 55,887,400.00			\$ 88,360,750.00
Total	\$306,266,921.00	\$ 529,626,273.00			\$ 835,893,194.00

CEFA#	93.778	Check the box ON if the answer is YES
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State Fiscal Contract	Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Dean Daniel 729 Church Street Nashville, TN (615)532-1362	<input type="checkbox"/>
	Is the Contractor a Vendor? (per OMB A-133)
	<input type="checkbox"/>
	Is the Contractor's Funding STRICTLY LIMITED?
	<input type="checkbox"/>

Procuring Agency Budget Officer Approval Signature	Is the Contractor on STARS?
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Dean Daniel *Dean Daniel* 7/1/02

COMPLETION FOR AMENDMENTS (only)	Is the Contractor's Form W-9 Filed with Accounts?
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Amendment	Base Contract & Prior Amendments	This Amendment ONLY
END DATE	12/31/05	
02	\$217,367,944.00	\$0.00
03	\$217,367,944.00	-\$40,646,444.00
04	\$217,367,944.00	-\$40,646,444.00
05	\$217,367,944.00	-\$40,646,444.00
06	\$108,683,973.00	-\$20,323,223.00
Total	\$978,155,749.00	-\$142,262,555.00

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.